Rec'd PCT/PTO 17 NOV 2005 10/536735

Attorney Docket Number 1321.2.82.1 **DECLARATION FOR UTILITY OR** First Named Inventor Louis Ptacek **DESIGN COMPLETE IF KNOWN PATENT APPLICATION** (37 CFR 1.63) Application Number 10/536,735 □ Declaration Filing Date OR Submitted after Initial Submitted With Initial Filing (surcharge **Group Art Unit** (37 CFR 1.16 (e)) Filing **Examiner Name** required)

I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
CASEIN KINASE I EPSILON AND CASEIN KINASE I DELTA AND SLEEP IN HUMANS							
(Title of the Invention)							
the specification of v	which						
☐ is attached hereto							
OR							
was filed on (MM/I	DD/YYYY) 11/26/	2003 as United S	tates Applicatio	n Number or	PCT International		
Application Number	Application Number PCT/US2003/037992 and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	0	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?			
Number(s)	Country	(MINIDD/TTT) Country		YES	NO		
Additional foreign applicat	ion sumbom ore listed on a sur	anlamantal priority data shoot	DTO/SB/02B attack	had barata:			

10/536735 **DECLARATION** — Utility or Design Patent Application

I hereby appoint:								
☑ Practitioners associated with the Customer Number: 21552								
OR 2 TOOL								
☐ Practitioner(s) named below:								
Name		Regis	suauon Num	Dei .				
as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Direct all correspondence to: X The address associated with Customer Number 21552 OR Correspondence address b								
Name								
Address								
	State		ZIP					
Country		elephone		Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	☐ A petition	n has been file	d for this u	nsigned inventor				
Given Name	-	Family Name						
(first and middle [if any]) Louis Ptacek								
Inventor's Signature Date 6/28/05								
Residence: City San Francisco	State California	Country United States		Citizenship United States				
Mailing Address Howard Hughes Medical Institute, University of California, San, Francisco, Dept. of Neurology, 1550 4 th Street, Bldg. 19B, Rm 548F								
City San Francisco	State California	Zip 94158		Country United States				
NAME OF SECOND INVENTOR: A pe	etition has bee	n filed for this	unsigned i	nventor ·				
Given Name		Family Name	or Surname					
(first and middle [if any]) Christopher	(first and middle [if any]) Christopher Jones							
Inventor's Signature Date								
Residence: City Salt Lake City	State Utah	Country United States		Citizenship United States				
Mailing Address University of Utah, School of Medicine, 30 N. Medical Drive, Rmm 3R210								
City Salt Lake City	State Utah	Zip 84112		Country United States				
Additional inventors or a legal representative are	being named on	the supplemen	ntal sheet(s) P	TO/SB/02A or 02LR attached hereto.				

DECLARATION — Utility or Design Patent Application

I hereby appoint:								
☑ Practitioners associated with the Cu	nber: 21552							
OR								
☐ Practitioner(s) named below:								
Name	<u></u>							
	Name			nber				
as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.								
Direct all correspondence to: Direct all correspondence to: Customer Num	21552	OR	Correspondence address below					
Name								
Address	04-4-		710					
Country	State	elephone	ZIP	Fax				
Country		<u> </u>	and the toll state		a information and			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	A petitio	n has been f	iled for this u	ınsigned inver	ntor			
Given Name		Family Nam	ne or Surname					
(first and middle [if any]) Louis Ptacek								
Inventor's Signature		Date .						
Residence: City San Francisco	State California	Country United States		Citizenship United States				
Mailing Address Howard Hughes Medical Institute, University of California, San, Francisco, Dept. of Neurology, 1550 4 th Street, Bldg. 19B, Rm 548F								
City San Francisco	State California	Zip 9415	58	Country United States				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Christopher Cobert Jones								
Inventor's Signature Chimagher Nones Date 06/22/05								
Residence: City Salt Lake City	State Utah	Country United States		Citizenship United States				
Mailing Address University of Utah, School of Medicine, 30 N. Medical Drive, Rmm 3R210								
City Salt Lake City	State Utah	Zip 8411	Zip 84112		tes			
Additional inventors or a legal representative are	e being named on	the suppler	mental sheet(s) I	PTO/SB/02A or 02	LR attached hereto.			

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1 0,5 3 6 7 3 2 PTO/SB/02A (08-03)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of @1

	Name of additional joint inventor, if any			☐ A p	A petition has been filed for this unsigned inventor				
\mathcal{L}	Given Name (first and middle [if any])				Family Name or Surname				
	Ying-Hui				Fu				
)	Inventor's Signature				Date 6 - 28				6-28-05
	Residence: City	San Francisco	Cali	fornia Cour	ntry	United States	Citize	nship	United States
	Mailing Address Howard Hughes Medical Institute, University of California San Francisco, Department of Mailing Address Neurology, 1550 4 th Street, Bldg. 19B, Rm 548B								tment of
	City San Francisco State California				Zip	94158	Country	Unite	ed States

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